



Mayor
Emanuel Ransom

City Council
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Instructions for Obtaining An Occupational Tax Certificate **(Business License)**

Pursuant to Articles I and II of the City Code of Clarkston, each person engaged in any business, trade profession or occupation in the City must register the business and pay an Occupational Tax prior to commencing business in the City. **The business location must be zoned for the type of business to be operated and meet all City Code requirements.** The City Code can be reviewed at www.cityofclarkston.com. If approved, a statement for the Occupational Tax will be mailed or, if no additional tax is due, the certificate will be issued. New businesses shall estimate the gross volume of revenue from the commencing date to the end of the calendar year. When a business ceases operation or has a change in ownership, the City Clerk should be notified immediately. Pursuant to Section 11-40 of the City Code, practitioners of professions as classified in O.C.G.A. 48-13-9(c), paragraphs 1 through 18, (see attachment) shall elect one of the following as their method of calculating Occupational Tax: (a) Flat Fee or (b) Gross Receipts.

A fifty dollar (\$50.00) application fee is required. Only complete applications will be accepted.

Information/Documents Required to Complete Application

- Evidence of inspection from the DeKalb County Fire Marshall – 404-371-2611 or 404-371-2010
- Georgia Sales Tax Number for Retail Sales. For more information call 404-417-4490 or go to www.etax.dor.ga.gov/Business_Taxes.aspx
- A Federal Employer Identification Number (Federal ID Number) issued by the IRS. For more information go to www.irs.gov.
- If the applicant is not the property owner, a letter of approval or lease from the property owner.
- Each person licensed by the Secretary of State pursuant to the Official Code of Georgia Annotated or a Georgia Administrative Agency shall provide evidence of proper and current State Licensure.
- If the business will be operated from a residential property, the applicant must sign a copy of the ordinance pertaining to operating a business from a residence.

Additional Requirements for Food Services:

- Restaurant or Food Preparation Services require a permit from DeKalb County Health Department. For more information call 404-294-3700.
- Wholesale/Retail Packaged Foods sales require a certificate from the Georgia Department of Agriculture. For more information call 404-656-3645.

Building and Sign Permit Information:

- No building or other structure shall be erected, moved, added or structurally altered without a City Building Permit. Applications are available at City Hall reception desk.
- Prior to doing any interior renovation requiring an inspection, contact the City Building Official for a letter of permit.
- A sign permit must be obtained to post, display, erect or substantially change any sign in the City. Applications are available at the City Hall reception desk.
- Contact the City of Clarkston Public Works Department to determine if your business qualifies for sanitation services by the City or if you must arrange for service by a commercial sanitation contractor.
- **After City Code and Zoning approval, a new business must be inspected by DeKalb County Fire Marshall. For more information call 404-371-2611 or 404-371-2010.**

Professions as Classified in O.C.G.A. §48-13-9(c) Paragraphs 1-18

Pursuant to Section 11-40 of the City Code, practitioners of professions as classified in O.C.G.A. 48-13-9(c), paragraphs 1 through 18, (see below) shall elect one of the following as their method of calculating Occupational Tax: (a) Flat Fee or (b) Gross Receipts.

1. Lawyer
2. Physicians licensed under Chapter 34 of Title 43
3. Osteopath licensed under Chapter 34 of Title 43
4. Chiropractor
5. Podiatrist
6. Dentist
7. Optometrist
8. Psychologist
9. Veterinarian
10. Landscape Architect
11. Land Surveyor
12. Practitioner of Physiotherapy
13. Public Accountant
14. Embalmer
15. Funeral Director
16. Civil, mechanical, Hydraulic or Electrical Engineer
17. Architect
18. Marriage and Family Therapist, Social Worker and Professional Counselors

Business Emergency Contact Information

The Clarkston Police Department maintains a file of Emergency Contact Information for businesses that are located within the City of Clarkston. By providing this information, our police department will know whom to contact should an emergency arise after your normal business hours. In order that we may be assured of having the most current information possible, please complete this form and thereafter advise the City Clerk of any changes as soon as possible.

Should you choose not to provide this information, please check the block provided, sign the form and return it so we will know that it was not an oversight on your part.

All information provided will be considered confidential and will not be shared with any external entity.

Business Name: _____

Address: _____

Emergency Contacts:

<u>Name</u>	<u>Relationship</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ I choose not to provide emergency contact information for my business.

Name _____

Title: _____ Date: _____

BUSINESS REGISTRATION/OCCUPATIONAL TAX CERTIFICATE APPLICATION

For Calendar Year _____

Check One: ☐ New ☐ Renewal ☐ Amended ☐ Final (Date business sold or closed: _____)

Check One: ☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC

New Business Start Date: _____ Hours of Operation: _____

Exact Description and Nature of Business: _____

For Professional Practitioners pursuant to OCGA §48-13-9(c) check one: ☐ \$250 Flat Fee ☐ Gross Receipts

Estimated Gross Receipts: _____

Business Name: _____	
Business Address: _____	
Mailing Address: _____	
Federal ID Number: _____	Georgia Sales Tax Number: _____
Business Owner: _____	
Owner's Home Address: _____	
Business Phone: _____	Home Phone: _____
Owner's Social Security Number: _____	D.O.B. _____
Business Manager: _____	
Manager's Home Address: _____	
Business Phone: _____	Home Phone: _____
Manager's Social Security Number: _____	
Name and Address of Places of Employment of Owner and Manager for Past Five Years:	

In accordance with the business ordinance of the City of Clarkston, Georgia, I (print name) _____, being the (insert title) _____ of the business, do certify that I am the person duly authorized by the business herein named to file this application. I understand that this application does not authorize me to conduct business and that the license cannot be issued without the approval of the Fire Marshall.

Applicant Signature

Date

SIC Code: _____ Business Type: _____		<u>For City Use Only</u>		Business Class: _____ App Fee Pd: _____	
To Code: _____	Code Approved by: _____	Date Approved: _____	Comments Attached: _____		
To P&Z: _____	P&Z Approved by: _____	Date Approved: _____	Comments Attached: _____		
Occ Tax Billed: _____	Occ Tax Paid: _____	Check # _____	Amount Paid: _____	Rec'd by: _____	

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for the City of Clarkston, Georgia Business or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Clarkston.

(Circle one) Occupational Tax Certificate, Alcohol License, Taxi Permit or Other Public Benefit.

I am stating the following for _____
(THE NAME OF PERSON APPLYING ON BEHALF OF BUSINESS, CORPORATION, PARTNERSHIP OR OTHER PRIVATE ENTITY)

1. _____ I am a United States Citizen
2. _____ I am a legal permanent resident of the United States 18 years of age or older. **Please include Alien Registration Number below signature.***
3. _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

*OCGA § - 1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Number and Document Source

In making the above statement under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of OCGA Section 16-10-20.

Signature of Applicant Date Date of Birth _____

Printed Name SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____,
20____.

*Alien Registration Number for Non-citizens

Notary Public
My Commission Expires: _____

City of Clarkston

Private Employer E-Verify Affidavit

Under Georgia Law, employers must now register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit www.uscis.gov/everify. The CITY OF CLARKSTON will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a(n) _____
[*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from the CITY OF CLARKSTON, the undersigned applicant representing the private employer known as _____
[*printed name of private employer – individual, firm or corporation*]
verifies one of the following with respect to my application for the above mentioned business document:

On January 1, 2013 – the individual, firm, or corporation employs the following number of employees: (Select A, B, C or D)

- (A) _____ **500 or more employees - must comply on or after January 1, 2012.**
You must provide the following information in order to receive a 2013 occupational tax certificate.

Federal Work Authorization User Identification Number Date of Authorization

- (B) _____ **100-499 employees - must comply on or after July 1, 2012.**
You must provide the following information in order to receive a 2013 occupational tax certificate.

Federal Work Authorization User Identification Number Date of Authorization

- (C) _____ **11-99 employees - must comply on or after July 1, 2013.**
*You may provide the Federal Work Authorization number or claim exemption up until July 1, 2013.
This document must be completed, notarized and returned even if organization/company is exempt.*

Check HERE _____ if claiming exempt, OR complete the following:

Federal Work Authorization User Identification Number Date of Authorization

- (D) _____ **10 or fewer employees – automatically exempt from participation in E-Verify program.**

Furthermore, I, as the applicant, affirmatively state that the employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute. Executed on the ____ date of _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____ 20__.

Printed Name of and Title of Authorized Officer or Agent

NOTARY PUBLIC
My Commission Expires: _____